MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-029668

DO NOT WRITE	DEPARTMENT OF FUE			R B	Registration District No	
ON THIS STUB			JED			
VS 300	_	1 1		1	PLACE OF DEATH	te before (ssion)
Rev. 4/59	ENDED			1 —	MISSOUII	
KG1. 4, 5,	Z.				OR). (), O- C4	Limits ,
1 1	AM			l	50/ 20010	on Farm
	ATE C	\		•	HOSPITAL OR ADDRESS TO THE TOTAL OR	No A
22/6	7 <u>8</u>			1 =		
3 '	2				3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF 9 7 7 6 7	Year
4 -				I _	HENRY WILLIAM DACESMANN DEATH 0-2-1903	
<u> </u>					5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UN Marks Days Hours	
5 P				I -,	Male White Widowed Divorced 7-31-1963 Months Day Hours 06. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT C	_1
6	2			. "	during most of working life, even if retired)	OUNIKY
<u></u>	5		1	12	NONE NONE St. Louis Me U.S.A. 36. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
70			1		Franz G Backsmann Bertha Schuhe NONE	
8 /	6		1	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 19. SPECIAL SECURITY NO. 17. I	
9	Š	1 1		C	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 19. SOCIAL S	ing
	ž	Ιį	2		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSED BY:	BETWEEN
	ع أيد	[Mei	i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	luc
11			디딩			
(2 3	1]	8		Conditions, if any,) DUE TO (b)	
;	INST				which gave rise to above cause (a), stating the under-	
13		 	+	l	lying cause less.) one to (t)	
	5	1 1	1 1	중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	emale was est 90 days,
73	2			3		Unknown
′	- CALEIN CAMEIN			ĬĔ.	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item	18.)
اِ ا	[5			CERT	PERFORMED?	
z	֡֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			₹	20c. TIME OF Hour Month, Day, Year	
<u> </u>	₹ .			ÆÐ	INJURY a.m. p.m.	
RIBBON					20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, While AT WORK 100 farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, While AT WORK 100 farm, factory, street, office bldg., etc.)	STATE
					WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	
BLACK OR SITER R	READ				21. I attended the deceased from / 7/3//63 Mto 8/7/43 and last saw him alive on 47/43	
					Death occurred at 1/2/15 Band on the date stated above, and to the best of my knowledge, from the causes sta	sted.
USE	SHOULD		l b		226. SIGNATURE (Degree or title) 22b. ADDRESS / (9) 22c. D	ATE SIGNED
USE BLACH OR TYPEWRITER	돐				Matter server and 39 x3 Walson KA 8/	19/23
1	<u> </u>	\vdash	┼┤⋛	2	38. BURIAL, CREMATION, 23B. DATE	ate)
	Š.		AFFIDA		REREMOVAT 8-6-1963 Mount Olive Cath Cem. Lemay Mo.	
	ITEM		I>		Handbermuch 1 = 3879 So Grand Hivd. AUG 5 1963 Coan Amum. M. b.	· ·
	ΙĒ		6	. M	fingbermuehle 3819 So Grand Hivd. Auch 5 1963 Man Amath. 17. 6	<u>′ </u>

STATEMENT, BY LICENSED EMBALMER

I hereby certify that the body whose n	ame is recorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No.
working under my personal supervision.	His morland
Student	Signed///
Signature of Student Embatmer	M AM Jumble
•	/ / / / / / / / / / / / / / / / / / /
	P. OAddress

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.